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Docket	No.:	

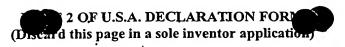
## DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

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As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

my residence, post office address and chizenship are as stated below under my name;	
I verily believe I am the original, first and sole inventor (if only one name is listed below) or first and joint inventor (if plural names are listed below) of the subject matter which is claimed and patent is sought, namely the invention entitled:  Needleless syringe operating with a generating a shock wave through a wall	for which a
described and claimed in international application number filed	
I have reviewed and understand the contents of the above-identified specification, including the	e claims, as
amended by any amendment referred to above.  I acknowledge the duty to disclose to the Office all information known to me to be	material to
patentability as defined in Title 37, Code of Federal Regulations §1.56.	•
Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) one year prior to my international application are hereby claimed:	filed within
French Patent Application No 99 09255 filed on July 16, 1999	
The following application(s) for patent or inventor's certificate on this invention were filed foreign to the United States of America either (a) more than one year prior to my international application the filing date of the above-named foreign priority application(s):	
I hereby appoint the following as my attorneys of record with full power of substitution and a prosecute this application and to transact all business in the Patent Office:	evocation to
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;	
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;	
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;	
Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.	
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-64	
I hereby declare that I have reviewed and understand the contents of this Declaration, statements made herein of my own knowledge are true and that all statements made on information a believed to be true; and further that these statements were made with the knowledge that willful false and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 states Code and that such willful false statements may jeopardize the validity of the application or any thereon.	and belief are se statements of the United
of Sole or First Inventor	XANDRE
Inventor's Signature  Given Tame Middle Initial Family	iname
Date of Signature 15 Dec. 2001	
Residence: GRAY Month Day Year FRANCE	
City State or Province Cour	itry
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Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.



BIIITPU

	Typewritten Full Name of Second Joint Inventor (if any)		Pierre BRUNET		
			Given Name	Middle Initial	Family Name
	**Inventor's Signature	<b>:</b>	PSRUW_	7	
	**Date of Signature:		January.	16	2002
		LARDY	Month 0	Day	Year FRANCE
	Residence:	City		State or Province	Country
	Citizenship:	FRANCAISE			
	Post Office Address: (Insert complete		17 rue Honville - 91510 LARDY		
		mailing address, including country)	FRANCE		
	Typewritten Full Nan	ne	Brigitte		CAGNON
	of Third Joint Invent	d	Given Name	Middle Initial	Family Name
	**Inventor's Signature	e: <del></del> .	69- (7447000		
	**Date of Signature:		January	16	<u> 2007</u> Year
	Residence:	Month BALLANCOURT	]	Day	FRANCE
		City		State or Province	Country
	Citizenship:	FRANCAISE			·-··-
		Post Office Address: (Insert complete	24 Lotissement	du Bois - 91610 E	BALLANCOURT
		mailing address, including country)	FRANCE	du Boll Jioro	
	Typewritten Full Name of Fourth Joint Inventor (if any)		Claude		MIKLER
	**Inventor's Signatur	·p.	Given Name	Middle Initial	Family Name
	**Date of Signature:		December	jg	2001
	Date of orginature.		Month	Day	Year
	Residence:	DIJON			FRANCE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City		State or Province	Country
	Citizenship:	FRANCAISE			
		Post Office Address: (Insert complete	117 avenue du	Drapeau - 21000 DI	JON
		mailing address, including country)	FRANCE		
	Typewritten Full Na				
	of Fifth Joint Invent		Given Name	Middle Initial	Family Name
	**Inventor's Signatus	re:	Given Name	Middle mittal	1 anniy ivane
	**Date of Signature:				
	- Date of Signature.		Month	Day	Year
	Residence:	City		tate or Province	Country
	Citicanshin	City	3	tate of 1 fortifiee	Country
	Citizenship: Post Of	fice Address:			
		(Insert complete			
		mailing address, including country)			

<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.